

**TRANSMITTAL  
FORM**

(to be used for all correspondence after initial filing)

Application Number

09/482,181

Filing Date

January 12, 2000

First Named Inventor

Daniel Esbensen

Group Art Unit

2613

Examiner Name

Shawn An

Total Number of Pages in This Submission

Attorney Docket Number

500-002220US

**ENCLOSURES (check all that apply)**

- ☒ Fee Transmittal Form  
☐ Fee Attached
- ☒ Amendment / Response  
☐ After Final  
☐ Affidavits/declaration(s)
- ☒ Extension of Time Request
- ☐ Express Abandonment Request
- ☐ Information Disclosure Statement
- ☐ Certified Copy of Priority Document(s)
- ☐ Response to Missing Parts/  
Incomplete Application
- ☐ Response to Missing  
Parts under 37 CFR  
1.52 or 1.53

- ☐ Assignment Papers  
(for an Application)
- ☐ Drawing(s)
- ☐ Licensing-related Papers
- ☐ Petition Routing Slip (PTO/SB/69)  
and Accompanying Petition
- ☐ Petition to Convert to a  
Provisional Application
- ☐ Power of Attorney, Revocation  
Change of Correspondence  
Address
- ☐ Terminal Disclaimer
- ☐ Small Entity Statement
- ☐ Request for Refund

- ☐ After Allowance Communication  
to Group
- ☐ Appeal Communication to Board  
of Appeals and Interferences
- ☐ Appeal Communication to Group  
(Appeal Notice, Brief, Reply Brief)
- ☐ Proprietary Information
- ☐ Status Letter
- ☒ Additional Enclosure(s)  
(please identify below):

RCE transmittal and receipt  
acknowledgment postcard**Authorization to Charge Deposit Account**

Please charge Deposit Account No. 50-0893 for any additional fees associated with this paper or during the pendency of this application, including any extensions of time for consideration of the documents enclosed.

Remarks

**SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT**Firm  
or  
Individual name

Stephen J. LeBlanc, Reg. No. 36,579, Quine Intellectual Property Law Group, P.C.

Signature

Date

10 March 2006

**CERTIFICATE OF MAILING**

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on

Typed or printed name

Evelyn Gomez

Signature

Date

March 10, 2006



Effective on 12/08/2004.

Fees set by the Consolidated Appropriations Act, 2005 (H.R. 4818).

# FEE TRANSMITTAL

## For FY 2005

☐ Applicant claims small entity status. See 37 CFR 1.27TOTAL AMOUNT OF PAYMENT (\$)**620.00**

Complete if Known

Application Number	09/482,181
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First Named Inventor	Daniel Esbensen
Examiner Name	Shawn An
Art Unit	2613
Attorney Docket No.	500-002220US

## METHOD OF PAYMENT (check all that apply)

☐ Check ☐ Credit Card ☐ Money Order ☐ None ☒ Other (please identify): Deposit Account

☒ Deposit Account Deposit Account Number: 50-0893 Deposit Account Name: Quine Intellectual Property Law Group, P.C.

For the above identified deposit account, the Director is hereby authorized to: (check all that apply)

☒ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee

☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 ☒ Credit any overpayments

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

## FEE CALCULATION

## 1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

## 2. EXCESS CLAIM FEES

Fee Description				Fee (\$)	Fee (\$)
Each claim over 20 (including Reissues)				50	25
Each independent claim over 3 (including Reissues)				200	100
Multiple dependent claims				360	180
Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims	
_____ - 20 or HP = _____ x _____ = _____				Fee (\$)	Fee Paid (\$)
HP = highest number of total claims paid for, if greater than 20.					
Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)		
_____ - 3 or HP = _____ x _____ = _____					
HP = highest number of independent claims paid for, if greater than 3.					

## 3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 27 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	(\$)	Fee Paid (\$)
- 100	/50 =	Round up to a whole number) x	=	

## 4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)	Fees Paid (\$)
Other (e.g., late filing surcharge):	
Other: <u>RCE (Request for Continued Examination)</u>	395
Other: <u>Request for Extension of time</u>	225
Other:	
Other:	
Other:	
Other:	

## SUBMITTED BY

Signature

  
Stephen J. LeBlancRegistration No.  
(Attorney/Agent)

36,579

Telephone

510-337-7871

Name (Print/Type)

Date

10 March 05